

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: I |)2200001 | | CITY OR TOW | N KEVEKE | |
|---------------------------|------------------------------|-------------------|-------------------|---------------------|------------------|
| APPLICATION FOR R | ENEWAL: | Annual | LIC | ENSED FOR 2 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: N | AI ENTERTAINMENT | T HOLDINGS | LLC | | |
| DOING BUSINESS A | SHOWCASE CINEMA | REVERE CH | ATTER'S BAR | | |
| ADDRESS 565 SQUIRI | E RD | | | | |
| CITY/TOWN: REVER | E ST | ΓATE: MA | ZIP CODE: | 02151 | |
| MANAGER: JONES, | KENNETH TYPE OF | LICENSE:Res | taurant | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| PLEA | ASE ALSO VISIT OUR WEBSITE A | ND ENTER YOUR EM | IAIL ADDRESS | | |
| DESCRIPTION OF LIC | ENSED PREMISES: | | | | |
| MULTI SCREEN THEA | ATRE WITH FOOD AN | ND BEVERAG | ES | | |
| I hereby certify and swea | ar under penalties of per | jury that: | | | |
| 1. the renewed l | icense will be of the sar | ne type for the | same premises n | ow licensed; | |
| 2. the licensee h | nas complied with all lav | vs of the Comn | nonwealth relatin | g to taxes; and | |
| 3. the premises | are now open for busine | ess (If not expla | in below) | | |
| | | | | | |
| CICNED DV. | | | | | |
| SIGNED BY: | ndividual, Partner or Au | thorized Corpo | rate Officer | | |
| _ | ,, | | | | |
| | | | | | |
| DATE: | | | | | |
| DATE: | TELEPHONE NU | MBER: | | YER IDENTIFICA | |
| | | | (Note. NOT | Individual Social S | Security Number) |
| We the undersigned, a | ttest that we are in no | ssession (1) the | certificate requ | uired by Chan | ter 304 of the |
| Acts of 2004, signed by | the building inspecto | r and the head | of the fire depa | artment for the | above named |
| license and (2) the cert | ificate of liquor liabili | ty insurance r | equired by Cha | pter 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCAL LICE | NSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved explain) | | | | | |
| | | | - | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200003 | | CITY OR TOWN | REVERE | |
|----------------------|------------------------------------------------------|----------------------|------------------|---------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | BEACHMONT V.F.V | W. POST #6712 II | NC. | | |
| DOING BUSINESS | Α | | | | |
| ADDRESS 150 BEN | NNINGTON ST. | | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: Rugg | giero, Joseph M TYPE | OF LICENSE: Ve | terans club CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | ITE AND ENTER YOUR E | MAIL ADDRESS | | - |
| | LICENSED PREMISES | | | | |
| | STREET FLOOR, ONE | | O BE USED FOR ST | ΓORAGE | |
| • • | swear under penalties of | | | | |
| | ved license will be of the | | = | | |
| | see has complied with al | | = | taxes; and | |
| 3. the premi | ises are now open for bu | siness (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | Individual, Partner or | · Authorized Corp | orate Officer | | |
| | , | | | | |
| | | | | | |
| DATE: | TELEPHONE 1 | NI IMRER: | EMPLOYER | R IDENTIFICAT | ION NUMBER: |
| | TELETHONE | NOMBER. | (Note: NOT Ind | | |
| | | . (4) | | | |
| | ed, attest that we are in d by the building inspe | | | | |
| | certificate of liquor lia | | | | |
| Please Check Below: | | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expl | ain) | | | | |
| | | | | | |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200004 | | CITY OR TOWN REVERE | 1 |
|-------------------------------------------------------------------------|-------------------------------|----------------------------------|------------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: ROGERS RE | EALTY OF REVERE INC. | | |
| DOING BUSINESS A SHIPWREO | CK LOUNGE | | |
| ADDRESS 55 BOULEVARD | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: Padova, Louis | TYPE OF LICENSE: Res | taurant CATEGORY | : All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR EN | IAIL ADDRESS | |
| DESCRIPTION OF LICENSED PR | REMISES: | | |
| THREE ROOMS ON STREET FLO | OOR, CELLAR FOR STO | CK | |
| I hereby certify and swear under per | nalties of perjury that: | | |
| 1. the renewed license will | be of the same type for the | same premises now licensed; | |
| 2. the licensee has complied | d with all laws of the Comn | nonwealth relating to taxes; and | l |
| 3. the premises are now open | en for business (If not expla | in below) | |
| | | | |
| SIGNED BY: | | | |
| Individual, P | artner or Authorized Corpo | rate Officer | |
| | | | |
| | | | |
| DATE: TELEF | PHONE NUMBER: | EMPLOYER IDENTIFICA | ATION NUMBER: |
| 1 3231 | TIONE INCHIBER. | (Note: NOT Individual Social | Security Number) |
| | | | |
| We the undersigned, attest that v Acts of 2004, signed by the buildi | | | |
| license and (2) the certificate of li | | | |
| Please Check Below: | | LOCAL LICENSING AUTI | HORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | • | |
| (If disapproved explain) | | | |
| | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 102200005 | • | CITY OR TOWN REVER | E |
|--------------------|---------------------------|----------------------------|-------------------------------------------------------------------------------------------|-----------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAI | ME: BOULEVARD C | AFE CORP. | | |
| DOING BUSIN | ESS A SAMMY'S PAT | IO | | |
| ADDRESS 63 R | REVERE BEACH BOUI | LEVARD | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: 02151 | |
| | FAYSAL, MARY TY ELLEN | PE OF LICENSE: Rest | aurant CATEGOR | Y: All Alcohol |
| EMAIL ADDRE | ESS: | | | |
| | PLEASE ALSO VISIT OUR V | VEBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| DESCRIPTION | OF LICENSED PREM | ISES: | | |
| REAR WITH A | | N REAR WITH ACCE | FLOOR FENCED IN GAR SS TO GARDEN. FRONT | |
| I hereby certify a | and swear under penaltie | s of perjury that: | | |
| 1. the re | enewed license will be of | f the same type for the s | ame premises now licensed; | |
| 2. the li | censee has complied wit | h all laws of the Commo | onwealth relating to taxes; ar | nd |
| 3. the p | remises are now open fo | r business (If not explai | n below) | |
| | | | | |
| SIGNED BY: | Individual Dorta | er or Authorized Corpor | ata Officar | |
| | marviduai, Partiie | er of Aumorized Corpor | ate Officer | |
| | | | | |
| DATE: | TELL EDITOR | ATE AND ADED | EMPLOYER IDENTIFIC | CATION NI IMPED |
| DITTE. | TELEPHO | NE NUMBER: | (Note: NOT Individual Soci | |
| | | | | |
| Acts of 2004, si | gned by the building in | spector and the head | certificate required by Cha of the fire department for t quired by Chapter 116 of t | he above named |
| Please Check Below | _ | · | LOCAL LICENSING AUT | |
| APPROVED: | | | By: | TIOMT I |
| DISAPPROVEI | D: | | • | |
| (If disapproved of | explain) | | | |
| | | | | |
| DATE: | | | | |
| DAIE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 102200006 | C | CITY OR TOWN | REVERE | |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------|-----------------------------------|---------------|-------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | | CLASS | | , | YEAR |
| | KST CORPORATION A BILL ASH'S LOUNG | E | | | |
| CITY/TOWN: REVI | | STATE: MA | ZIP CODE: | 02151 | |
| | STALL, TYPE O | F LICENSE: Resta | | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | LEASE ALSO VISIT OUR WEBSITI | E AND ENTER YOUR EMA | IL ADDRESS | | |
| ONE ROOM ON STR | ICENSED PREMISES: REET FLOOR, FENCEI ITRANCE ONLY-CELI | | | CESS TO GA | ARDEN |
| 2. the license | d license will be of the see has complied with all less are now open for busi | aws of the Commo | nwealth relating to below) | | |
| | Individual, Partner or A | Authorized Corpora | te Officer | | |
| DATE: | TELEPHONE N | UMBER: | EMPLOYER (Note: <u>NOT</u> Ind | LIDENTIFICATI | |
| Acts of 2004, signed | , attest that we are in p by the building inspect ertificate of liquor liabi | tor and the head o | of the fire departr | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | n) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1022 | 200010 | CITY C | OR TOWN | REVERE | |
|----------------------------------------------------------------------------------------------|------------------------------|-----------------------|------------------|---------------|-------------|
| APPLICATION FOR REN | IEWAL: | annual | LICENSE | ED FOR 20 | 13 |
| | (| CLASS | | • | YEAR |
| LICENSEE NAME: FOUND DOING BUSINESS A ANADDRESS 492 BOULEV. | NTONIO'S AT THE BEA | АСН | | | |
| | | | CODE | 02151 | |
| CITY/TOWN: REVERE | | | | 02151 | |
| MANAGER: ANGULO, RODRIGO | | CENSE: Restaurant | CAT | ΓEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | ALSO VISIT OUR WEBSITE AND E | NTER YOUR EMAIL ADDRI | ESS | | |
| DESCRIPTION OF LICEN | | | | ven 13100 (1 | |
| 2 STORY BUILDING 1ST SEPARATE AREA FOR I | | | | | |
| I hereby certify and swear | | | | | |
| • • | ense will be of the same t | | emises now lie | censed; | |
| 2. the licensee has | complied with all laws of | f the Commonwealt | th relating to t | taxes; and | |
| 3. the premises are | e now open for business (| If not explain belov | v) | | |
| SIGNED BY: | vidual, Partner or Author | rized Corporate Offi | icer | | |
| DATE: | TELEPHONE NUMB | | EMPLOYER II | | |
| We the undersigned, atte Acts of 2004, signed by the license and (2) the certification | he building inspector ar | d the head of the f | fire departme | ent for the a | above named |
| Please Check Below: | | LOCA | AL LICENSIN | NG AUTHO | RITY |
| APPROVED: | | By: | | | |
| DISAPPROVED: (If disapproved explain) | | | | | |
| (11 disappioved expiaili) | | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200014 | | CITY OR TOWN | REVERE |
|------------------------------------------------------------------------|---------------------------------|-----------------------|---------------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: 388 BROAD | OWAY LLC | | |
| DOING BUSINESS A VOLARE | | | |
| ADDRESS 388 BROADWAY | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: MAYA, CECILIA | TYPE OF LICENSE: Res | taurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| DESCRIPTION OF LICENSED P | REMISES: | | |
| , KITCHEN AND STORAGE ON BUILDING, TWO REAR EMERC | | CE/EXITS ON FRO | NT AND SIDE OF |
| I hereby certify and swear under pe | nalties of perjury that: | | |
| 1. the renewed license will | be of the same type for the | same premises now | licensed; |
| 2. the licensee has complied | ed with all laws of the Comn | nonwealth relating to | taxes; and |
| 3. the premises are now op | oen for business (If not expla | in below) | |
| | | | |
| SIGNED BY: | | | |
| Individual, I | Partner or Authorized Corpo | rate Officer | |
| | | | |
| | | | |
| DATE: TELE | PHONE NUMBER: | | DENTIFICATION NUMBER: |
| | | (Note: NOT Ind | ividual Social Security Number) |
| We the undersigned, attest that | | | |
| Acts of 2004, signed by the build license and (2) the certificate of l | | | |
| Please Check Below: | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | | |
| | | | |
| DATE: | | | |
| | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200016 | | CITY OR TOWN | REVERE | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|--------------|-----------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: TWIN CORP | | | | |
| DOING BUSINESS A MARGARITA'S | & MARTINI'S FOOI | & SPIRITS | | |
| ADDRESS 488-490 BROADWAY | | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: ST. JEAN, ROBERT TY | TE OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF LICENSED PREMITHREE ROOMS ON THE FIRST FLOOONE FRONT ENTRANCE AND EXIT I hereby certify and swear under penaltie 1. the renewed license will be of the licensee has complied with the premises are now open for the premises are now open for the licensee has complied with the premises are now open for the licensee has complied with the premises are now open for the licensee has complied with the premises are now open for the licensee has complied with the premises are now open for the licensee has complied with the licensee has complied wi | es of perjury that: If the same type for the h all laws of the Comm | AREA AND CELLA same premises now nonwealth relating to | licensed; | OCK, |
| SIGNED BY: Individual, Partne | er or Authorized Corpo | rate Officer | | |
| DATE: TELEPHOI | NE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: ecurity Number) |
| We the undersigned, attest that we ar Acts of 2004, signed by the building in license and (2) the certificate of liquor | spector and the head | of the fire departr | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1022000 | 19 | CITY OR TOWN | REVERE | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------|----------------|-------------|
| APPLICATION FOR RENEW | AL: Annual CLASS | LICEN | SED FOR 20 | 13 YEAR |
| LICENSEE NAME: SPEAKE DOING BUSINESS A SPEAKE ADDRESS 118-20 BROADWA | ŒASY | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: Sbraccia, Erich | L. TYPE OF LICENSE: R | estaurant C. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: PLEASE ALSO | VISIT OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF LICENSE THREE ROOMS ON FIRST F STORAGE. TWO ENTRANCE ENTRANCE/EXIT FOR DELI | LOOR WITH KITCHEN, CE ES/EXITS AT FRONT OF BI | | | |
| 2. the licensee has com | will be of the same type for the applied with all laws of the Combon vopen for business (If not exp | nmonwealth relating t | | |
| SIGNED BY: Individu | al, Partner or Authorized Corp | oorate Officer | | |
| DATE: TF | ELEPHONE NUMBER: | | R IDENTIFICATI | |
| We the undersigned, attest the Acts of 2004, signed by the belicense and (2) the certificate | uilding inspector and the hea | nd of the fire depart | ment for the a | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | SING AUTHO | PRITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200023 | | CITY OR TO | JWN REVERE | |
|----------------------|-----------------------------------------------------|------------------------|------------------|----------------------|------------------|
| APPLICATION FO | OR RENEWAL: | Annual | L | ICENSED FOR 2 | 2013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : JOSEPH LEON MO | OTTOLO POST #4 | 524 V.F.W. U.S | S.INC | |
| DOING BUSINESS | S A | | | | |
| ADDRESS 10 GAR | ROFALO STREET | | | | |
| CITY/TOWN: RE | VERE | STATE: MA | ZIP COD | DE: 02151 | |
| MANAGER: ROS | SS, JOHN TYPI SEPH | E OF LICENSE: Ve | eterans club | CATEGORY: | All Alcohol |
| EMAIL ADDRESS | 3: | | | | |
| | PLEASE ALSO VISIT OUR WEI | BSITE AND ENTER YOUR I | EMAIL ADDRESS | | |
| DESCRIPTION OF | F LICENSED PREMIS | ES: | | | |
| FOUR ROOMS, O | NE FOR STOCK | | | | |
| I hereby certify and | swear under penalties | of perjury that: | | | |
| 1. the renev | wed license will be of the | he same type for the | e same premises | s now licensed; | |
| 2. the licen | see has complied with a | all laws of the Com | monwealth rela | ting to taxes; and | |
| 3. the prem | nises are now open for b | ousiness (If not exp | lain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partner | or Authorized Corp | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE | E NUMBER: | EMPI | LOYER IDENTIFICA | TION NUMBER: |
| | 1221110112 | 31,01,1221, | (Note: <u>No</u> | OT Individual Social | Security Number) |
| | | | | | |
| | ed, attest that we are i ed by the building insp | | | | |
| | e certificate of liquor li | | | | |
| Please Check Below: | | | LOCALLI | CENSING AUTH | IORITY |
| APPROVED: |] | | By: | CLINDING TICTI | IOIII I |
| DISAPPROVED: | | | 2). | | |
| (If disapproved exp | lain) | | | | |
| | | | | | |
| | | | | | |
| DATE: | | | | | |
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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200025 | Cľ | TY OR TOWN | REVERE | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|---------------------------------------|---------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICENSI | ED FOR 201 | 13 |
| | | CLASS | | 3 | YEAR |
| | BURBANK, INC A FULL RACK SMOKI LEE BURBANK HGWY | E HOUSE | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| | CHETTI, TYPE O | F LICENSE: Restaur | rant CA | ΓEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBSITI | E AND ENTER YOUR EMAIL | ADDRESS | | |
| | LICENSED PREMISES: | | | | |
| ONE ROOM, KITC BUILDING | HEN AND STOCK ROO | M ON STREET FLO | OORADDITIO | N TO REAR | ROF |
| | see has complied with all lases are now open for busi | ness (If not explain b | pelow) | taxes; and | |
| DATE: | TELEPHONE N | UMBER: | EMPLOYER I (Note: <u>NOT</u> Indiv | DENTIFICATI | |
| Acts of 2004, signe | d, attest that we are in p d by the building inspec certificate of liquor liabi | tor and the head of | the fire departme | ent for the a | bove named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl | ain) | | OCAL LICENSIN | NG AUTHO | RITY |
| DATE: | | - - | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200026 | | CITY OR TOWN | REVERE | |
|-------------------------------------------------------------------------------|-----------------------------|-----------------------|------------------|-----------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: CASA LUCIA, | LLC | | | |
| DOING BUSINESS A CASA LUCIA | | | | |
| ADDRESS 61 LUCIA AVE. | | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: RIZZO, JANE T | YPE OF LICENSE: Res | staurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OUR | R WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | | _ |
| DESCRIPTION OF LICENSED PREM | MISES: | | | |
| 2 STORY FUNCTION HALL-UPPER FRONT/BACK OFF STREET PARKI | | LEVEL ROOMS W | / EGRESS | |
| I hereby certify and swear under penalt | ies of perjury that: | | | |
| 1. the renewed license will be | of the same type for the | same premises now | licensed; | |
| 2. the licensee has complied w | ith all laws of the Comr | nonwealth relating to | taxes; and | |
| 3. the premises are now open f | or business (If not expla | ain below) | | |
| | | | | |
| SIGNED BY: | | | | |
| Individual, Parti | ner or Authorized Corpo | orate Officer | | |
| | | | | |
| | | | | |
| DATE: TELEPHO | ONE NUMBER: | | | ION NUMBER: |
| | | (Note: NOT Ind | ividual Social S | ecurity Number) |
| We the undersigned, attest that we a | | | | |
| Acts of 2004, signed by the building license and (2) the certificate of liquo | | | | |
| | nability insurance i | | | |
| Please Check Below: APPROVED: | | LOCAL LICENS | ING AUTHO | ORITY |
| DISAPPROVED: | | By: | | |
| (If disapproved explain) | | | | |
| - · · | | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUI | MBER: 102200027 | (| CITY OR TOWN REVER | Œ |
|-------------------|----------------------------|----------------------------|------------------------------------------------------------|----------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR | R 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: LOBSTER CABIN | N INC. | | |
| DOING BUSI | NESS A MIRAGE REST. | AURANT | | |
| ADDRESS 220 |) LYNNWAY | | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: | TOUKHMANIAN, TY ARMEN | PE OF LICENSE: Innho | older CATEGOR | Y: All Alcohol |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA | IL ADDRESS | |
| DESCRIPTION | N OF LICENSED PREMI | SES: | | |
| FLOOR WITH | | ON SECOND FLOOR, | ESTAURANT LOUNGE F PART OF FIRST FLOOR REA 100 X 100 | |
| I hereby certify | and swear under penaltie | s of perjury that: | | |
| 1. the | renewed license will be of | the same type for the same | ame premises now licensed; | |
| 2. the | licensee has complied with | n all laws of the Commo | onwealth relating to taxes; a | nd |
| 3. the | premises are now open for | business (If not explain | n below) | |
| | | | | |
| SIGNED BY: | Individual Dartna | r or Authorized Corpora | oto Officer | |
| | marviduai, Farme | of Authorized Corpora | de Officei | |
| | | | | |
| DATE: | TELEDIJON | IE NIIIMDED. | EMPLOYER IDENTIFI | CATION NUMBER: |
| | TELEFHOR | NE NUMBER: | (Note: NOT Individual Soc | |
| | | | | |
| | | | certificate required by Ch of the fire department for | |
| | | - | uired by Chapter 116 of t | |
| Please Check Belo | <u>ow:</u> | | LOCAL LICENSING AU | ГНОRITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | i explain) | | | |
| | | | | |
| DATE: | | | | |
| | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 1022000 |)28 | CITY OR TOWN | REVERE | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------|-------------|
| APPLICATION FOR RENEW | Annual Annual | LICEN | SED FOR 20 | 13 |
| | CLASS | | , | YEAR |
| LICENSEE NAME: DEMAI | NO'S RESTAURANT INC. | | | |
| DOING BUSINESS A | | | | |
| ADDRESS 014-16 MALDEN | ST. | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: DEMAINO, LEONARD N. | TYPE OF LICENSE: Re | estaurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO | O VISIT OUR WEBSITE AND ENTER YOUR F | MAIL ADDRESS | | |
| DESCRIPTION OF LICENSE | D PREMISES: | | | |
| 2. the licensee has con 3. the premises are not SIGNED BY: | will be of the same type for the applied with all laws of the Comwopen for business (If not expand) all, Partner or Authorized Corp | monwealth relating to | | |
| DATE: TI | ELEPHONE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | R IDENTIFICATI | |
| Acts of 2004, signed by the b | hat we are in possession (1) the uilding inspector and the hea e of liquor liability insurance | d of the fire departr | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200031 | | CITY OR TOWN | REVERE |
|----------------------|------------------------------------------|----------------------|-----------------------|------------------------------------------------------------------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | : WONDERLAND EN | TERTAINMENT | LLC | |
| DOING BUSINESS | S A WONDERLAND | | | |
| ADDRESS 1290 N | ORTH SHORE RD. | | | |
| CITY/TOWN: RE | VERE | STATE: MA | ZIP CODE: | 02151 |
| | LPIDIO, TYPE ARLES R. | OF LICENSE: Res | taurant Ca | ATEGORY: All Alcohol |
| EMAIL ADDRESS | : | | | |
| | PLEASE ALSO VISIT OUR WEBSI | TE AND ENTER YOUR EM | IAIL ADDRESS | |
| | F LICENSED PREMISES | | | |
| | LDING WITH FUNCTION ETHER WITH STORAG | | | ND RESTAURANT |
| I hereby certify and | swear under penalties of | perjury that: | | |
| 1. the renev | wed license will be of the | same type for the | same premises now | licensed; |
| 2. the licen | see has complied with all | laws of the Comm | nonwealth relating to | o taxes; and |
| 3. the prem | nises are now open for bu | siness (If not expla | in below) | |
| SIGNED BY: | Individual, Partner or | Authorized Corpo | rate Officer | |
| | | | | |
| DATE: | TELEPHONE 1 | NUMBER: | | R IDENTIFICATION NUMBER: lividual Social Security Number) |
| Acts of 2004, signe | ed by the building inspe | ctor and the head | of the fire departs | ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010. |
| Please Check Below: | | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | 1.:) | | | |
| (If disapproved exp | iaiii) | | | |
| | | | | |
| DATE: | | | | · |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200032 | | CITY OR TOWN REVERE | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------|---------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: REVERE LOGAN DOING BUSINESS A HOLIDAY INN ADDRESS 101 AMERICAN LEGION F | | | |
| | | 7ID CODE 00151 | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: NAPERT, IRVING TY | PE OF LICENSE: Inn | holder CATEGORY | : All Alcohol |
| EMAIL ADDRESS: | | | |
| DESCRIPTION OF LICENSED PREMI 101 AMERICAN LEGION HWY I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY: | s of perjury that: the same type for the all laws of the Comm | same premises now licensed; nonwealth relating to taxes; and in below) | I |
| DATE: TELEPHON | IE NUMBER: | EMPLOYER IDENTIFICA (Note: NOT Individual Social | |
| We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor | spector and the head | of the fire department for th | e above named |
| Please Check Below: | | LOCAL LICENSING AUTH | HORITY |
| APPROVED: | | By: | |
| DISAPPROVED: (If disapproved explain) | | | |
| (п акарртотов ехрипп) | | | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMI | 3ER: 102200034 | | CITY OR TOWN REVERE |
|---------------------|------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| APPLICATION I | FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | | CLASS | YEAR |
| LICENSEE NAM | IE: UNO RESTAURAN | NTS, LLC . | |
| DOING BUSINE | SS A UNO CHICAGO | GRILL | |
| ADDRESS 210 S | QUIRE ROAD | | |
| CITY/TOWN: F | REVERE | STATE: MA | ZIP CODE: 02151 |
| MANAGER: B | ROWN, WARREN TYP | E OF LICENSE: Rest | taurant CATEGORY: All Alcohol |
| EMAIL ADDRES | SS: | | |
| | PLEASE ALSO VISIT OUR WEI | BSITE AND ENTER YOUR EM | IAIL ADDRESS |
| DESCRIPTION (| OF LICENSED PREMIS | ES: | |
| | R STORAGE. ONE FRO | | S, KITCHEN PREP ROOM. HOSTESS NT/EXIT. ONE RECEIVING |
| I hereby certify an | nd swear under penalties | of perjury that: | |
| 1. the rer | newed license will be of the | he same type for the s | same premises now licensed; |
| 2. the lic | ensee has complied with a | all laws of the Comm | nonwealth relating to taxes; and |
| 3. the pre | emises are now open for b | ousiness (If not explain | in below) |
| SIGNED BY: | Individual, Partner o | or Authorized Corpor | rate Officer |
| | | | |
| DATE: | TELEPHONE | E NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | | | (Note: NOT Individual Social Security Number) |
| Acts of 2004, sig | ned by the building insp | pector and the head | e certificate required by Chapter 304 of the l of the fire department for the above named equired by Chapter 116 of the Acts of 2010. |
| Please Check Below: | | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | | By: |
| DISAPPROVED | | | |
| (If disapproved ex | xpiain) | | |
| | | | |
| DATE: | | | |
| | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 102200037 | | CITY OR TOWN | REVERE |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------|
| APPLICATION FO | R RENEWAL: | Annual CLASS | LICEN | SED FOR 2013 YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 264 OCI | A BK'S BAR & GRI | LL | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: SYN N | IMES,MARILY TYPI | E OF LICENSE:Res | taurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| PEG CD ID MICH OF | PLEASE ALSO VISIT OUR WEE | | IAIL ADDRESS | |
| ONE ROOM ON ST | LICENSED PREMISI FREET FLOOR, CELI EXIT THROUGH CEI | AR FOR STOCK. | ONE FRONT ENTE | RANCE/EXIT ONE |
| 2. the licens | yed license will be of the see has complied with a sees are now open for be Individual, Partner of | all laws of the Communications (If not explain | nonwealth relating to in below) | |
| DATE: | TELEPHONE | E NUMBER: | | t IDENTIFICATION NUMBER: ividual Social Security Number) |
| Acts of 2004, signe | d by the building insp | pector and the head | of the fire departs | ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010. |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ain) | | LOCAL LICENS By: | ING AUTHORITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200040 | | CITY OR TOWN | REVERE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------|---------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: EDDIE MAC'S LO | OUNGE INC. | | | |
| DOING BUSINESS A ATLANTIC LOU | JNGE | | | |
| ADDRESS 377 REVERE BEACH BLV | | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: VERA, JUAN A. TYF | PE OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF LICENSED PREMISONE ROOM ON FIRST FLOOR, CELLAR SPACES) I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for SIGNED BY: | AR FOR STOCK(RE of perjury that: the same type for the all laws of the Comn | STRICTION MINIT same premises now nonwealth relating to in below) | licensed; | RKING |
| We the undersigned, attest that we are | | (Note: <u>NOT</u> Ind | ividual Social So | er 304 of the |
| Acts of 2004, signed by the building inslicense and (2) the certificate of liquor | | | | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200041 | | CITY OR TOWN REVER | E |
|------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------|---------------------|
| APPLICATION FOR RENEWAL | : Annual | LICENSED FOR | 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: REVERE R | ESTAURANT GROUP INC | 1 | |
| DOING BUSINESS A TIO JUAN WATERIN | | AN RESTAURANT & | |
| ADDRESS 85 AMERICAN LEGI | ON HIGHWAY | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: ARMINIO, MATTHEW | TYPE OF LICENSE: Res | taurant CATEGOR' | Y: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| DESCRIPTION OF LICENSED P | REMISES: | | |
| ONE STORY BLDG ADJACENT EXITS. ONE INSIDE ENTRANC KITCHEN AND STORAGE ARE | E CONNECTING TO HOT | | |
| I hereby certify and swear under pe | enalties of perjury that: | | |
| • • | * * * | same premises now licensed; | |
| | ** | nonwealth relating to taxes; an | ıd |
| 3. the premises are now of | pen for business (If not expla | in below) | |
| | | | |
| SIGNED BY: Individual, | Partner or Authorized Corpo | rate Officer | |
| | | | |
| | | | |
| DATE: TELE | EPHONE NUMBER: | EMPLOYER IDENTIFIC | CATION NUMBER: |
| | | (Note: NOT Individual Social | al Security Number) |
| We the undersigned, attest that Acts of 2004, signed by the build license and (2) the certificate of | ling inspector and the head | of the fire department for t | he above named |
| Please Check Below: | | LOCAL LICENSING AUT | THORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | - | |
| | | | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200042 | 2 | CITY OR TOWN REVE | RE |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|-----------------------------------------|
| APPLICATION FOR RENEWA | L: Annual | LICENSED FO | OR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: PAN-ASIA | AN GROUP, INC. | | |
| DOING BUSINESS A BILLY T | CSE | | |
| ADDRESS 441 REVERE ST. | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: 0215 | 1 |
| MANAGER: CHAU, HAO- THUNG | TYPE OF LICENSE: Re | estaurant CATEGO | RY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO V | ISIT OUR WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | |
| DESCRIPTION OF LICENSED | PREMISES: | | |
| TWO ROOMS AND KITCHEN FRONT ENTRANCES AND EX | | | CE. TWO |
| I hereby certify and swear under | penalties of perjury that: | | |
| 1. the renewed license w | ill be of the same type for the | e same premises now licensed | d; |
| 2. the licensee has comp | lied with all laws of the Com | nmonwealth relating to taxes; | and |
| 3. the premises are now | open for business (If not exp | lain below) | |
| SIGNED BY: Individual | , Partner or Authorized Corp | oorate Officer | |
| | | | |
| DATE: TEL | EPHONE NUMBER: | EMPLOYER IDENTII (Note: <u>NOT</u> Individual So | FICATION NUMBER: ocial Security Number) |
| We the undersigned, attest tha Acts of 2004, signed by the bui license and (2) the certificate o | lding inspector and the hea | nd of the fire department for | r the above named |
| Please Check Below: | | LOCAL LICENSING AU | UTHORITY |
| APPROVED: | | By: | |
| DISAPPROVED: | | | |
| (If disapproved explain) | | - | |
| | | - | |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200043 | | CITY C | OR TOWN | REVERE | |
|----------------------------------------|-----------------------------------------------------------------------------|--------------------|---------------------|---------------|-------------------|-----------------|
| APPLICATION FOR | R RENEWAL: | Annual | | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| | GREY GULL OF R A MAGGIO'S REST | | | | | |
| ADDRESS 306 REV | ERE ST. | | | | | |
| CITY/TOWN: REV | /ERE | STATE: N | <mark>IA</mark> ZIP | CODE: | 02151 | |
| MANAGER: MAR | RINO, DAVID J.TYP | E OF LICENSE | :Restaurant | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| | PLEASE ALSO VISIT OUR WE | BSITE AND ENTER YO | UR EMAIL ADDRI | ESS | | |
| DESCRIPTION OF | LICENSED PREMIS | ES: | | | | |
| ON SECOND FLOO | CHEN, OFFICE AND OR WITH TWO FROM R. CELLAR FOR ST | NT ENTRANCI | | | | |
| I hereby certify and s | swear under penalties | of perjury that: | | | | |
| 1. the renew | red license will be of t | he same type for | the same pro | emises now | licensed; | |
| 2. the licens | ee has complied with | all laws of the C | ommonwealt | th relating t | o taxes; and | |
| 3. the premi | ses are now open for l | ousiness (If not e | explain belov | v) | | |
| SIGNED BY: | Individual, Partner | or Authorized C | orporate Offi | icer | | 1 |
| | | | | | | |
| DATE: | TELEPHONI | E NUMBER: | | | | TON NUMBER: |
| | | | (N | ote: NOT Inc | dividual Social S | ecurity Number) |
| Acts of 2004, signed | d, attest that we are a d by the building ins certificate of liquor l | pector and the | head of the f | fire depart | ment for the | above named |
| Please Check Below: | | | LOCA | AL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | | |
| DISAPPROVED: [(If disapproved explain | | | | | | |
| (11 disappioved expir | am <i>)</i> | | | | | |
| | | | | | | |
| DATE: | | | | | | |
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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200044 | | CITY OR TOWN | REVERE | |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------|-------------------|-----------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: 571 REVERE ST | . INC. | | | |
| DOING BUSINESS A THE COVE | | | | |
| ADDRESS 571 REVERE ST. | | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: DOLAN, MARTIN J.TY | PE OF LICENSE: Inn | holder CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF LICENSED PREM 3 ROOMS ON FIRST FLOOR ONE FC FLOOR. | OR STORAGE AND C | | ON SECOND | |
| I hereby certify and swear under penaltic | | _ | | |
| 1. the renewed license will be o | | _ | | |
| 2. the licensee has complied wit | | • | taxes; and | |
| 3. the premises are now open fo | i business (ii not expi | ani below) | | |
| SIGNED BY: | | | | |
| | er or Authorized Corpo | orate Officer | | |
| | | | | |
| | | | | |
| DATE: TELEPHO | NE NUMBER: | | | TON NUMBER: |
| | | (Note: NOT Ind | ividual Social So | ecurity Number) |
| We the undersigned, attest that we are Acts of 2004, signed by the building in license and (2) the certificate of liquor | nspector and the head | l of the fire departr | nent for the | above named |
| Please Check Below: | | LOCAL LICENS | ING AUTHO | ORITY |
| APPROVED: | | By: | | |
| DISAPPROVED: (If disapproved explain) | | | | |
| (II disapproved explain) | | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102 | 200046 | | CITY OR TOWN | REVERE | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------|--------------|
| APPLICATION FOR REM | NEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: WII | LLIAM J. CHAMN | NESS | | | |
| DOING BUSINESS A CI | HAMNESS BAR & | & GRILL | | | |
| ADDRESS 113 SHIRLEY | AVE. | | | | |
| CITY/TOWN: REVERE | | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: | TYPE | OF LICENSE:R | estaurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| DESCRIPTION OF LICE THREE ROOMS ON STE STOCK. TWO FRONT E. I hereby certify and swear 1. the renewed lic 2. the licensee has 3. the premises ar SIGNED BY: | NTRANCES/EXIT under penalties of ense will be of the s complied with all | TH TWO OFFICES, TWO REAR perjury that: same type for the laws of the Consiness (If not expense). | e same premises now nmonwealth relating to plain below) | licensed; | OR |
| DATE: | TELEPHONE N | NUMBER: | EMPLOYER (Note: NOT Ind | | TION NUMBER: |
| We the undersigned, atta Acts of 2004, signed by t license and (2) the certifi | he building inspe | ctor and the hea | ad of the fire departi | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200047 | | CITY OR TOWN | REVERE | |
|----------------------|------------------------------------------------------|-----------------------|----------------|---------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | REVERE LODGE # | 1171 OF THE B.P. | O.E.OF U.S.A. | | |
| DOING BUSINESS | A | | | | |
| ADDRESS 198 SHI | RLEY AVE. | | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: HAN | NON, JAMES TYPE | E OF LICENSE: Ch | ıb Ca | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR E | MAIL ADDRESS | | |
| | LICENSED PREMISE | ES: | | | |
| IN WHOLE OF SAI | | | | | |
| | swear under penalties o | | | | |
| | ved license will be of th | | _ | | |
| | see has complied with a | | = | o taxes; and | |
| 3. the premi | ises are now open for b | usiness (II not expi | ain below) | | |
| | | | | | |
| SIGNED BY: | Individual, Partner of | or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHONE | NIIMRER: | EMPLOYER | R IDENTIFICAT | ION NUMBER: |
| | TELETHONE | NOWIDEK. | (Note: NOT Ind | | |
| | | | | | |
| | ed, attest that we are in ad by the building insp | | | | |
| | certificate of liquor li | | | | |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: [| | | | | |
| (If disapproved expl | ain) | | | | |
| | | | | | <u></u> _ |
| DATE: | | | | | |
| | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200052 | | CITY OR TOWN | REVERE | |
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| APPLICATION FOR | R RENEWAL: | Annual CLASS | LICEN | SED FOR 2013 YEA | R |
| | FAUSTINO SANCH A SQUIRE ROAD BUIRE RD. | | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| | CHEZ, TYPE STINO | OF LICENSE: Res | taurant Ca | ATEGORY: All | Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | | MAIL ADDRESS | | |
| ONE ROOM ON ST | LICENSED PREMISE FREET FLOOR WITH EXIT,ONE SIDE AND | KITCHEN AND S | | ONE FRONT | |
| | see has complied with all ses are now open for but the ses are now open fo | usiness (If not expla | nin below) | o taxes, and | |
| DATE: | TELEPHONE | NUMBER: | | R IDENTIFICATION N | |
| Acts of 2004, signe | d, attest that we are ir d by the building inspo certificate of liquor lia | ector and the head | l of the fire departi | nent for the abov | e named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | ain) | | LOCAL LICENS By: | ING AUTHORIT | Y |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200056 | CITY OR TOWN REVERE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| APPLICATION FOR RENEWAL: Annual | LICENSED FOR 2013 |
| CLASS | YEAR |
| LICENSEE NAME: LOGAN HOSPITALITY ASSOC. INCODING BUSINESS A FOUR POINTS SHERATON BOSTO | |
| ADDRESS 407 SQUIRE RD. | |
| CITY/TOWN: REVERE STATE: MA | ZIP CODE: 02151 |
| MANAGER: WARREN, LOUIS TYPE OF LICENSE: Int | nholder CATEGORY: All Alcohol |
| EMAIL ADDRESS: | |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS |
| DESCRIPTION OF LICENSED PREMISES: 4 CONNECTED BLDGS UPPER AND LOWER LEVELS W COCKTAIL LOUNGE AND 2 BANQUET ROOMS. FRONT EXITS. RESTAURANT AND LOUNGE HAVE SEPARATI | Γ AND REAR ENTRANCES AND |
| I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the 2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not expl | monwealth relating to taxes; and |
| SIGNED BY: Individual, Partner or Authorized Corpo | orate Officer |
| DATE: TELEPHONE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) |
| We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance in | d of the fire department for the above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | LOCAL LICENSING AUTHORITY By: |
| DATE: | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: IC | 12200057 | | CITYC | DK TOWN | REVERE | |
|---------------------------|-------------------------------|---------------------|-----------|--------------------|-------------------|------------------|
| APPLICATION FOR RI | ENEWAL: | Annual | | LICEN | NSED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME: M | FRP CORPORATIO | N | | | | |
| DOING BUSINESS A | ΓHE SQUIRE | | | | | |
| ADDRESS 604 SQUIRE | E RD. | | | | | |
| CITY/TOWN: REVER | E | STATE: MA | ZIP | CODE: | 02151 | |
| MANAGER: DePESA | ., PETER TYPE C | F LICENSE: Rest | taurant | C | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | | |
| PLEA | ASE ALSO VISIT OUR WEBSIT | E AND ENTER YOUR EM | AIL ADDRI | ESS | | |
| DESCRIPTION OF LIC | ENSED PREMISES: | | | | | |
| THREE ROOMS ON FI | RST FLOOR, CELL | AR FOR STOCK | | | | |
| I hereby certify and swea | ar under penalties of p | erjury that: | | | | |
| 1. the renewed l | icense will be of the s | same type for the | same pre | emises nov | v licensed; | |
| 2. the licensee h | as complied with all | laws of the Comm | onwealt | h relating | to taxes; and | |
| 3. the premises | are now open for busi | ness (If not expla | in below | 7) | | |
| | | | | | | |
| SIGNED BY: | dividual Dantman on | Nuthonized Compo | mata Offi | | | |
| 111 | ndividual, Partner or A | Aumorizea Corpoi | rate Om | cer | | |
| | | | Γ | | | |
| | | | | | | |
| DATE: | TELEPHONE N | UMBER: | | | | TION NUMBER: |
| | | | (N | ote: <u>NOT</u> In | dividual Social S | Security Number) |
| We the undersigned, a | ttest that we are in r | oossession (1) the | certific | ate requi | red by Chapt | er 304 of the |
| Acts of 2004, signed by | the building inspec | tor and the head | of the f | ire depart | tment for the | above named |
| license and (2) the cert | ificate of liquor liab | ility insurance re | equired | by Chapto | er 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCA | L LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | | |
| DISAPPROVED: | | | | | | |
| (If disapproved explain) | | | | | | |
| | | | - | | | <u></u> |
| DATE: | | | | | | |
| DAIL. | | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200062 | | CITY OR TOWN | REVERE |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------|------------------------------------------------------------------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 616 WIN | | ZA CORP. | | |
| CITY/TOWN: REV | /ERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: LEA CAN | CH-PIOPPI, TYPE IDACE | OF LICENSE: Res | taurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR WEBS | | IAIL ADDRESS | |
| | LICENSED PREMISE GROUND LEVEL, ON | | E ROOM, ONE KIT | TCHEN. SEATING |
| the renew the licens | swear under penalties of red license will be of the ee has complied with al ses are now open for bu | e same type for the Il laws of the Comm | nonwealth relating to | |
| SIGNED BY: | Individual, Partner or | r Authorized Corpo | rate Officer | |
| DATE: | TELEPHONE | NUMBER: | | R IDENTIFICATION NUMBER: |
| Acts of 2004, signed | d by the building insp | ector and the head | of the fire departi | ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010. |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | ain) | | LOCAL LICENS By: | SING AUTHORITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | 2: 102200063 | | CITY OR TOWN | REVERE | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|--------------|------------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | LARA & ASOCIATI | ES, INC. | | | |
| DOING BUSINESS | A PLAZA GARIBAL | DI | | | |
| ADDRESS 1141 RE | VERE BEACH PARK | WAY | | | |
| CITY/TOWN: REV | ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: DUR | AN,GUSTAVO TYPE | OF LICENSE: Re | staurant C. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | SITE AND ENTER YOUR E | MAIL ADDRESS | | 1 |
| DESCRIPTION OF I | LICENSED PREMISE | S: | | | |
| | KITCHEN BAR AREA EXIT/ENTRANCE FO | | | | |
| the renew the license | wear under penalties of ed license will be of the ee has complied with al ses are now open for bu | e same type for the | monwealth relating to | | |
| SIGNED BY: | Individual, Partner or | r Authorized Corp | orate Officer | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER (Note: <u>NOT</u> Inc | | TION NUMBER: ecurity Number) |
| Acts of 2004, signed | l, attest that we are in I by the building insponentificate of liquor lia | ector and the hea | d of the fire depart | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: (If disapproved expla | nin) | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200064 | | CITY OR TOWN | REVERE | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------|-------------|
| APPLICATION FOR RENEWAL: | Annual | LICENS | SED FOR 20 | 013 |
| | CLASS | | | YEAR |
| LICENSEE NAME: 99 WEST, INC. | | | | |
| DOING BUSINESS A 99 RESTAURA | NT-PUB | | | |
| ADDRESS 151 V.F.W. PARKWAY | | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: DRAGO, SCOTT TY | YPE OF LICENSE: Res | taurant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| DESCRIPTION OF LICENSED PREM 160 SEAT RESTAURANT WITH 32 S FIRST FLOOR, WITH ONE FRONT E I hereby certify and swear under penaltic 1. the renewed license will be o 2. the licensee has complied wi 3. the premises are now open for SIGNED BY: | EAT BAR AREA. KIT ENTRANCE/EXIT AN es of perjury that: of the same type for the th all laws of the Comm | SCHEN AND STORED ONE REAR EXTENSIONS and premises now nonwealth relating to the below) | T. licensed; | ON |
| DATE: TELEPHO | NE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: |
| We the undersigned, attest that we as Acts of 2004, signed by the building i license and (2) the certificate of liquo | nspector and the head | of the fire departr | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHO | DRITY |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 10 | 2200065 | | CITY OR TOWN | KEVEKE | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|------------------|----------------|-------------|
| APPLICATION FOR RE | ENEWAL: | Annual | LICE | NSED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: W. DOING BUSINESS A E ADDRESS 750 WASHI | E-Z LIQUORS | LIQUORS, INC. | | | |
| CITY/TOWN: REVER | | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: PATEL, | BHAVIN TY | PE OF LICENSE: Pac | kage Store (| CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | SE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | IAIL ADDRESS | | |
| 2. the licensee ha | FLOOR WITH r under penalties cense will be of as complied with | TWO FRONT AND | same premises no | w licensed; | |
| SIGNED BY: | dividual, Partne | r or Authorized Corpo | rate Officer | | |
| DATE: | TELEPHON | NE NUMBER: | | ER IDENTIFICAT | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | | LOCAL LICEN By: | SING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 102200066 | | CITY OR TOWN R | EVERE |
|--------------------------------------------------------------------|--------------------|----------------------------|---------------------|---------------------------------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICENSE | D FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: DOING BUSINESS A ADDRESS 286 AME | . | | | |
| CITY/TOWN: REVE | ERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: SELLI | ER, ADAM | TYPE OF LICENSE: Pa | ackage Store CATI | EGORY: All Alcohol |
| EMAIL ADDRESS: | LEASE ALSO VISIT (| OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTION OF L | | | | |
| TWO ROOMS ON FI I hereby certify and sw | | CELLAR FOR STOCK | | |
| | es are now oper | n for business (If not exp | | Acs, and |
| DATE: | TELEPI | HONE NUMBER: | | ENTIFICATION NUMBER: dual Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | n) | | LOCAL LICENSING By: | G AUTHORITY |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | ER: 102200067 | | CIT | TY OR TOWN | REVERE | |
|----------------------------------------------------------------|-------------------|---------------------------------------------------------------------|--------------|-----------------------------------|--------------|-------------|
| APPLICATION FO | OR RENEWAL: | Annua | ા | LICEN | SED FOR 20 | 13 |
| | | CLAS | S | | | YEAR |
| LICENSEE NAME DOING BUSINESS | | SE LIQUOR STORE, LIQUORS | INC. | | | |
| ADDRESS 266 BR | OADWAY | | | | | |
| CITY/TOWN: RE | VERE | STATE: | MA | ZIP CODE: | 02151 | |
| MANAGER: WC | OOD, JOHN G. | TYPE OF LICENS | E:Package | e Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS | : | | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER Y | YOUR EMAIL A | ADDRESS | | • |
| DESCRIPTION OF | F LICENSED PI | REMISES: | | | | |
| THREE ROOMS C ENTRANCE AND | | OR, TWO ROOMS IN | N BASEM | ENT FOR STO | RAGE WITH | I FRONT |
| | nises are now op | d with all laws of the en for business (If no Partner or Authorized | t explain b | elow) | o taxes; and | |
| | | | | | | |
| DATE: | TELE | PHONE NUMBER: | | EMPLOYER (Note: <u>NOT</u> Ind | | ION NUMBER: |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp |] lain) | | | OCAL LICENS y: | ING AUTHO | DRITY |
| DATE: | | | _ | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200068 | (| CITY OR TOWN REVERE | E |
|-------------------------------------------------------------------------------|---------------------------|------------------------------------------------------|---------------|
| APPLICATION FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: REVERE LIQUOI | RS, INC | | |
| DOING BUSINESS A D & L DISCOUN | NT LIQUORS | | |
| ADDRESS 653 BROADWAY | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: GHALY, MAGDY TY. A. | PE OF LICENSE: Pack | tage Store CATEGORY | : All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA | AIL ADDRESS | |
| DESCRIPTION OF LICENSED PREMI | SES: | | |
| CONSISTING OF ONE ROOM ON FIR E/SIDE ENTRANCE/EXIT, TWO REAL | | OM FOR STORAGE. ONE I | FRONT ON |
| 2. the licensee has complied with 3. the premises are now open for SIGNED BY: | | • | 1 |
| Individual, Partner | r or Authorized Corpor | ate Officer | |
| | | | |
| DATE: TELEPHON | NE NUMBER: | EMPLOYER IDENTIFICATION (Note: NOT Individual Social | |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENSING AUTI By: | HORITY |
| DATE: | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200069 | | CITY OR TOWN | REVERE | |
|-----------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------|------------|------------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 1164 NO | Α | UOR INC. | | | |
| CITY/TOWN: REV | | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: PHC | | ΓΥΡΕ OF LICENSE: Pac | | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | IR WEBSITE AND ENTER YOUR E | MAII ADDESS | | |
| DESCRIPTION OF TWO ROOMS ON I FLOOR. | LICENSED PRE | | | RAGE ON S | ECOND |
| 2. the licens 3. the premi | wed license will be see has complied v | ties of perjury that: of the same type for the with all laws of the Com for business (If not expl | nonwealth relating to | | |
| SIGNED BY: | Individual, Par | tner or Authorized Corpo | orate Officer | | |
| DATE: | TELEPH | ONE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl | ain) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200 | 370 | CITY OR TOWN | KEVEKE |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------|
| APPLICATION FOR RENEW | VAL: Annual | LICEN | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: FIVE A DOING BUSINESS A DAIR | | NTERPRISES INC. | |
| ADDRESS 160 SQUIRE RD | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: LITON, ARIA | N TYPE OF LICENSE:P | ackage Store CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| DESCRIPTION OF LICENSE | O VISIT OUR WEBSITE AND ENTER YOUR ED PREMISES: GE ON FIRST FLOOR.FRON | | AND ENTRANCES |
| 2. the licensee has con 3. the premises are no SIGNED BY: | er penalties of perjury that: e will be of the same type for the mplied with all laws of the Consw open for business (If not exputal), Partner or Authorized Corp. | nmonwealth relating to | |
| DATE: | ELEPHONE NUMBER: | EMPLOYER | R IDENTIFICATION NUMBER: lividual Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | SING AUTHORITY |
| DATE: | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUME | BER: 102200073 | | CITY OR TOWN | REVERE | |
|---------------------|-------------------------|------------------------|-----------------------|-------------------|--------------------------|
| APPLICATION F | FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAM | E: HANNA CHHEO | OU AND HONG CH | HEOU | | |
| DOING BUSINE | SS A ORANGE GRO | VE MARKET | | | |
| ADDRESS 158 S | HIRLEY AVE | | | | |
| CITY/TOWN: R | EVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: H. | ANNA CHHEOU TY | PE OF LICENSE:P | ackage Store C. | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRES | SS: | | | | |
| | PLEASE ALSO VISIT OUR V | WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION (| OF LICENSED PREM | ISES: | | | |
| APPROX 2000 S | Q FT WITH FRONT I | ENTRANCE,REAR | EXIT | | |
| I hereby certify an | nd swear under penaltie | es of perjury that: | | | |
| 1. the ren | ewed license will be of | f the same type for tl | ne same premises now | licensed; | |
| 2. the lice | ensee has complied wit | th all laws of the Cor | nmonwealth relating t | o taxes; and | |
| 3. the pre | mises are now open fo | r business (If not ex | plain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partne | er or Authorized Cor | porate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYE | R IDENTIFICAT | TION NUMBER: |
| | 12221110 | . (2 1 (01/1221) | (Note: NOT Inc | dividual Social S | ecurity Number) |
| | | | | | |
| | | | | | |
| Please Check Below: | _ | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved ex | kpiain) | | - | | |
| | | | - | | |
| DATE: | | | | | |
| DATE. | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMI | BER: 1022000/4 | | CITY OR TOW | N KEVEKE | |
|--------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|-----------------|-------------|
| APPLICATION : | FOR RENEWAL: | Annual | LICE | ENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAM | ME: P & M LIQU | JORS LLC | | | |
| DOING BUSINE | ESS A STATE RO | OAD LIQUORS & FOOD | MARKET | | |
| ADDRESS 116 S | STATE RD. | | | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: T | RUONG,PAUL | TYPE OF LICENSE:P | ackage Store | CATEGORY: | All Alcohol |
| EMAIL ADDRE | SS: | | | | |
| | PLEASE ALSO VISIT | TOUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | _ |
| DESCRIPTION | OF LICENSED PI | REMISES: | | | |
| THREE ROOMS STORE, CELLA | | OR,ONE ROOM ONLY | O BE USED FOR | PACKAGE GO | OODS |
| 1. the res | newed license will censee has complie | nalties of perjury that: be of the same type for the d with all laws of the Cor- en for business (If not exp | nmonwealth relating | | |
| SIGNED BY: | Individual, F | Partner or Authorized Cor | porate Officer | | |
| | | | | | |
| DATE: | TELE | PHONE NUMBER: | | YER IDENTIFICAT | |
| Please Check Below: APPROVED: DISAPPROVED (If disapproved e |): | | LOCAL LICE By: | NSING AUTHO | ORITY |
| DATE: | • / | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 102200075 | | CITY OR TOWN | REVERE | |
|--------------------------------|------------------------------------------------|-----------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| APPLICATION FOR | RENEWAL: | Annual | LICENS | SED FOR 201 | 13 |
| | | CLASS | | Y | /EAR |
| LICENSEE NAME: | PHROMI INC | | | | |
| DOING BUSINESS A | A BEACHMONT LI | QUORS | | | |
| ADDRESS 669 WINT | ΓHROP AVE | | | | |
| CITY/TOWN: REVI | ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: GERS M. | ON, JACOB TYPE | E OF LICENSE: Pac | ckage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| Pl | LEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR E | MAIL ADDRESS | | |
| DESCRIPTION OF L | ICENSED PREMISE | ES: | | | |
| THREE ROOMS ON ENTRANCE AND EX | | | SECOND FLR WIT | 'H ONE FROI | NT |
| 3. the premise | e has complied with a es are now open for b | | _ | taxes; and | |
| SIGNED BY: | Individual, Partner of | or Authorized Corpo | orate Officer | | |
| D. 1 777 | | | | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | . IDENTIFICATION IDEN | |
| Please Check Below: APPROVED: | | | LOCAL LICENS By: | ING AUTHO | RITY |
| DISAPPROVED: | | | Бу. | | |
| (If disapproved explain | n) | | | | |
| | | | - | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200082 | | CITY OR TOWN | REVERE | |
|----------------------------------|-----------------------|----------------------------------|------------------------|-------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS | _ | DRS, INC. | | | |
| ADDRESS 210 SHI | RLEY AVE. | | | | |
| CITY/TOWN: RE | VERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: VIT | O, RALPH A. T | YPE OF LICENSE:P | ackage Store CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR | R WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | - |
| DESCRIPTION OF | LICENSED PREM | MISES: | | | |
| ONE ROOM AND O ENTRANCE/EXIT, | | ORAGE ON FIRST I ERGENCY EXIT | FLOOR AND CELLA | R. ONE FRO | ONT |
| I hereby certify and | swear under penalt | ies of perjury that: | | | |
| 1. the renew | ved license will be | of the same type for th | ne same premises now | licensed; | |
| 2. the licens | see has complied w | rith all laws of the Con | nmonwealth relating to | taxes; and | |
| 3. the premi | ises are now open i | for business (If not exp | olain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Parti | ner or Authorized Cor | porate Officer | | |
| | | | | | |
| DATE: | | | EMDI OVEE | IDENTIEICAT | ION NUMBER: |
| Dille. | TELEPHO | ONE NUMBER: | (Note: NOT Ind | | |
| | | | | | |
| | | | | | |
| Please Check Below: APPROVED: | | | LOCAL LICENS | ING AUTHO | ORITY |
| DISAPPROVED: | | | By: | | |
| (If disapproved expl | ain) | | | | |
| (12 disupproved expr | ·····) | | | | |
| | | | | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 102200089 | | CITY OR TOWN REVERE | |
|------------------------------------------------------------------------|------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------|----------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENSED FOR | 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAI | ME: POINT OF I | PINES YACHT CLUB, INC | | |
| DOING BUSIN | ESS A | | | |
| ADDRESS 28 R | ICE AVE | | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: N | MC CUE, RAYMOND JR. | TYPE OF LICENSE: Clui | b CATEGORY | : All Alcohol |
| EMAIL ADDRE | ESS: | | | |
| | PLEASE ALSO VISI | T OUR WEBSITE AND ENTER YOUR EM | IAIL ADDRESS | |
| | OF LICENSED P | | | |
| | | LDING INCLUDING LOU REAR DOOR ENTRANC | NGE AND FUNCTION HALI E/EXIT | L WITH - |
| 2. the lie | censee has complie remises are now op | · - | | 1 |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTIFICATION (Note: NOT Individual Social | |
| Acts of 2004, si | gned by the build | ing inspector and the head | e certificate required by Chap of the fire department for the equired by Chapter 116 of th | ne above named |
| Please Check Below APPROVED: [DISAPPROVED: (If disapproved 6 | D: | | LOCAL LICENSING AUTI By: | HORITY |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 10220009 | 0 | CITY OR TOWN | REVERE |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------|
| APPLICATION FOR RENEWA | .L: Annual | LICENS | SED FOR 2013 |
| | CLASS | | YEAR |
| LICENSEE NAME: AMERICA | AN LEGION POST # 61 | | |
| DOING BUSINESS A | | | |
| ADDRESS 249 BROADWAY | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: TRAVIS, ROBE | RT TYPE OF LICENSE: Vet | erans club CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| DESCRIPTION OF LICENSED THREE ROOMS AND TWO OF ONE EMERGENCY EXIT | | | ANCE AND EXIT. |
| 2. the licensee has comp | penalties of perjury that: will be of the same type for the blied with all laws of the Commopen for business (If not expla | nonwealth relating to | |
| 3. the premises are now | open for business (if not expla | | |
| SIGNED BY: Individua | l, Partner or Authorized Corpo | rate Officer | |
| | | | |
| DATE: TEI | LEPHONE NUMBER: | | IDENTIFICATION NUMBER: ividual Social Security Number) |
| We the undersigned, attest that Acts of 2004, signed by the builtiense and (2) the certificate of | ilding inspector and the head | of the fire departr | nent for the above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) | | LOCAL LICENS By: | ING AUTHORITY |
| DATE: | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 102200091 | C | II Y OR IOWN REVERE |
|------------------|-----------------------------------------|----------------------------|---------------------------------------------------------------------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FOR 2013 |
| | | CLASS | YEAR |
| LICENSEE N. | AME: BEACHMONT Y | ACHT CLUB INC | |
| DOING BUSI | NESS A | | |
| ADDRESS 16 | 8 PEARL AVE | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: 021512 |
| MANAGER: | FERRANDI, JOHN TY PHILLIP | PE OF LICENSE:Club | CATEGORY: All Alcohol |
| EMAIL ADDI | RESS: | | |
| | PLEASE ALSO VISIT OUR V | WEBSITE AND ENTER YOUR EMA | IL ADDRESS |
| DESCRIPTIO | N OF LICENSED PREMI | ISES: | |
| | BUILDING INCLUDING AND REAR ENTRANCE | | CTION HALL, CELLAR FOR STOCK. |
| I hereby certify | y and swear under penaltie | es of perjury that: | |
| 1. the | renewed license will be of | f the same type for the sa | ame premises now licensed; |
| 2. the | licensee has complied with | h all laws of the Commo | onwealth relating to taxes; and |
| 3. the | premises are now open for | r business (If not explain | ı below) |
| | | | |
| SIGNED BY: | | | |
| SIGNED D1. | | er or Authorized Corpora | ate Officer |
| | | | |
| | | | |
| DATE: | TELEPHO! | NE NUMBER: | EMPLOYER IDENTIFICATION NUMBER: |
| | TEEE HO | NE IVONIBEIX. | (Note: NOT Individual Social Security Number) |
| Acts of 2004, | signed by the building in | nspector and the head o | certificate required by Chapter 304 of the of the fire department for the above named |
| license and (2 | the certificate of liquor | c liability insurance req | nuired by Chapter 116 of the Acts of 2010. |
| Please Check Bel | <u>ow:</u> | | LOCAL LICENSING AUTHORITY |
| APPROVED: | | | By: |
| DISAPPROVI | | | |
| (If disapproved | 1 explain) | | |
| | | | |
| DATE: | | | |
| APPLICATION FOR | RENEWAL MUST BE FILED BY | LICENSEES DURING THE MON | VTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A) |
| | DE LIEUD DI | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | BER: 102200094 | | CITY OR TOWN | REVERE | |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------|----------------------|------------------|-------------|
| APPLICATION | FOR RENEWAL: | Annual | LICEN | SED FOR 201 | 13 |
| | | CLASS | | Ŋ | YEAR |
| DOING BUSINI | ME: PATSY, INC ESS A RENZO BRICK O' REVERE BEACH BLVD. | | | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: (| Gateman, Jackson TYPE | E OF LICENSE: Re | estaurant C. | ATEGORY: | All Alcohol |
| EMAIL ADDRE | ESS: PLEASE ALSO VISIT OUR WEB | SITE AND ENTED VOLID E | FMAII ADDESS | | |
| IN ONE ROOM | OF LICENSED PREMISE , CELLAR FOR STOCK D CORDONED OFF, 4 TA | ADDING OUTDO | | | |
| 1. the re 2. the lie | and swear under penalties of enewed license will be of the censee has complied with a remises are now open for b | e same type for the | monwealth relating t | | |
| SIGNED BY: | Individual, Partner o | r Authorized Corp | orate Officer | | |
| DATE: | TELEPHONE | NUMBER: | | R IDENTIFICATION | |
| Acts of 2004, si | igned, attest that we are in gned by the building insp the certificate of liquor lia | ector and the hea | d of the fire depart | ment for the a | bove named |
| Please Check Below APPROVED: [DISAPPROVED: (If disapproved e |): | | LOCAL LICENS By: | SING AUTHO | RITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200097 | | CITY OR TOWN | REVERE | |
|----------------------|-------------------------------------------------------------------------------|------------------------|-----------------------|------------------|--------------------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | AKSON, INC. | | | | |
| DOING BUSINESS | A SANTORINI RES | TAURANT | | | |
| ADDRESS 376 REV | VERE BEACH BOLE | VARD | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: AKT | CAS, NIHAT TYP | E OF LICENSE: Res | staurant Ca | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEI | | MAIL ADDRESS | | |
| | LICENSED PREMIS | | | | |
| | HE FIRST FLOOR WI ES/EXITS. TWO EX | | | | ГWO |
| I hereby certify and | swear under penalties | of perjury that: | | | |
| 1. the renew | ved license will be of the | he same type for the | same premises now | licensed; | |
| 2. the licens | see has complied with | all laws of the Comr | nonwealth relating to | o taxes; and | |
| 3. the premi | ises are now open for b | ousiness (If not expla | ain below) | | |
| SIGNED BY: | Individual, Partner | or Authorized Corpo | orate Officer | | |
| | | | | | |
| DATE: | TELEPHONE | E NUMBER: | | | TON NUMBER: |
| | | | (Note: NOT Ind | ividual Social S | ecurity Number) |
| Acts of 2004, signe | d, attest that we are i d by the building insp certificate of liquor li | pector and the head | l of the fire departi | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | oin) | | | | |
| (If disapproved expl | aiii <i>)</i> | | | | |
| | | | - | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200100 | | CITY OR TOWN | REVERE | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|---------------|-------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | BROAD SOUND T | UNA CLUB, INC | | | |
| DOING BUSINESS | A | | | | |
| ADDRESS 567 NO | RTH SHORE RD | | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: MOI P. | LLOY, JOSEPH TYPI | E OF LICENSE: Cl | ıb C. | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| DESCRIPTION OF | PLEASE ALSO VISIT OUR WEB LICENSED PREMISH | | MAIL ADDRESS | | - |
| the renew the licens | wear under penalties of yed license will be of the ee has complied with a ses are now open for b | e same type for the | nonwealth relating t | | |
| SIGNED BY: | Individual, Partner o | or Authorized Corpo | orate Officer | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER (Note: <u>NOT</u> Inc | R IDENTIFICAT | |
| Acts of 2004, signe | d, attest that we are i d by the building insp certificate of liquor li | ector and the hea | d of the fire depart | ment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ain) | | LOCAL LICENS By: | SING AUTHO | DRITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUM | IBER: 102200101 | | CITY OR TOWN | REVERE |
|------------------------------|---------------------------|-------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------|
| APPLICATION | FOR RENEWAL: | Annual | LICENS | ED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | ME: BOSTON HOS | SPITALITY SPVEF LLC | | |
| DOING BUSIN | ESS A HAMPTON I | NN REVERE | | |
| ADDRESS 230 | LEE BURBANK HIG | GHWAY | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: | 02151 |
| | ANDERSON, ROBERT JAMES | TYPE OF LICENSE: Inn | holder CA | TEGORY: All Alcohol |
| EMAIL ADDRI | ESS: | | | |
| | PLEASE ALSO VISIT OU | UR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS | |
| | OF LICENSED PRE | | | |
| OFF FIRST FLO TO LOUNGE O | OOR LOBBY, STOR | LOUNGE AND 2 ADJO AGE AREA ON FIRST I OBBY WITH ADDITIO ROOMS. | FLOOR, MAIN ENT | RANCE AND EXIT |
| I hereby certify | and swear under penal | Ities of perjury that: | | |
| 1. the re | enewed license will be | e of the same type for the | same premises now l | icensed; |
| 2. the li | censee has complied | with all laws of the Comr | nonwealth relating to | taxes; and |
| 3. the p | remises are now open | for business (If not expla | ain below) | |
| SIGNED BY: | Individual, Par | tner or Authorized Corpo | orate Officer | |
| | | | | |
| DATE: | TELEPH | IONE NUMBER: | | IDENTIFICATION NUMBER: vidual Social Security Number) |
| Acts of 2004, s | igned by the building | g inspector and the head | l of the fire departm | d by Chapter 304 of the nent for the above named 116 of the Acts of 2010. |
| Please Check Below | <u>v:</u> | | LOCAL LICENSI | NG AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVE | | | | |
| (If disapproved | expiain) | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | :: 102200103 | | CITY OR TOWN | REVERE | |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------|--------------|--------------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | SALOMON RAMO | S,CORP. | | | |
| DOING BUSINESS | A CAFE COSTA DE | L SOL | | | |
| ADDRESS 366 BRC | OADWAY | | | | |
| CITY/TOWN: REV | ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: SALO | OMON RAMOSTYPI | E OF LICENSE: Re | estaurant CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEB LICENSED PREMISE | | EMAIL ADDRESS | | |
| the renew the license | wear under penalties of ed license will be of the ee has complied with a ses are now open for b | ne same type for the | monwealth relating to | | |
| SIGNED BY: | Individual, Partner of | or Authorized Corp | orate Officer | | |
| DATE: | TELEPHONE | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TON NUMBER: ecurity Number) |
| Acts of 2004, signed | l, attest that we are i l by the building insp certificate of liquor li | ector and the hea | d of the fire departr | nent for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain | in) | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102200107 | C | ITY OR TOWN | REVERE | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------|
| APPLICATION FOR RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | CLASS | | | YEAR |
| LICENSEE NAME: THE DINING ROOM | M, INC. | | | |
| DOING BUSINESS A SEBASTIAN'S RE | STAURANT | | | |
| ADDRESS 733 BROADWAY UNIT 1 | | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: HARRINGTON, TYPE JOSEPHINE | E OF LICENSE: Restar | urant CA | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | |
| PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR EMAI | L ADDRESS | | I |
| DESCRIPTION OF LICENSED PREMISE | ES: | | | |
| STREET LEVEL | | | | |
| I hereby certify and swear under penalties of | f perjury that: | | | |
| 1. the renewed license will be of th | e same type for the sa | me premises now | licensed; | |
| 2. the licensee has complied with a | ll laws of the Common | nwealth relating to | taxes; and | |
| 3. the premises are now open for b | usiness (If not explain | below) | | |
| | | | | |
| SIGNED BY: | | | | |
| Individual, Partner o | r Authorized Corpora | te Officer | | |
| | | | | |
| | | | | |
| | | | | |
| DATE: TELEPHONE | NUMBER: | | | ION NUMBER: |
| DATE: TELEPHONE | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | |
| DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lia | n possession (1) the cector and the head o | (Note: <u>NOT</u> Ind ertificate require f the fire departs | ividual Social Se ed by Chapte nent for the | er 304 of the above named |
| We the undersigned, attest that we are in Acts of 2004, signed by the building insp | n possession (1) the c ector and the head o ability insurance req | (Note: <u>NOT</u> Ind ertificate require f the fire departs | ed by Chapte nent for the r 116 of the A | er 304 of the above named Acts of 2010. |
| We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liangle Please Check Below: APPROVED: | n possession (1) the c ector and the head o ability insurance req | (Note: NOT Ind ertificate require f the fire departs uired by Chapter | ed by Chapte nent for the r 116 of the A | er 304 of the above named Acts of 2010. |
| We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lians Please Check Below: APPROVED: DISAPPROVED: | n possession (1) the c ector and the head o ability insurance req | (Note: NOT Indestificate requires f the fire departs uired by Chaptes LOCAL LICENS | ed by Chapte nent for the r 116 of the A | er 304 of the above named Acts of 2010. |
| We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor liangle Please Check Below: APPROVED: | n possession (1) the c ector and the head o ability insurance req | (Note: NOT Indestificate requires f the fire departs uired by Chaptes LOCAL LICENS | ed by Chapte nent for the r 116 of the A | er 304 of the above named Acts of 2010. |
| We the undersigned, attest that we are in Acts of 2004, signed by the building insplicense and (2) the certificate of liquor lians Please Check Below: APPROVED: DISAPPROVED: | n possession (1) the c ector and the head o ability insurance req | (Note: NOT Indestificate requires f the fire departs uired by Chaptes LOCAL LICENS | ed by Chapte nent for the r 116 of the A | er 304 of the above named Acts of 2010. |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 102200108 | | CITY OR TOWN | REVERE | |
|------------------------|-------------------------|-------------------------------------------------|---------------------|-------------------|------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | NSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | WOO GEE, INC | | | | |
| DOING BUSINESS | A PETER WOO'S | | | | |
| ADDRESS 374 BRC | OADWAY | | | | |
| CITY/TOWN: REV | ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: GEE, | PETER W. TY | PE OF LICENSE: Res | staurant C | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | _ | | | |
| : | PLEASE ALSO VISIT OUR V | WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF I | | | | | |
| | | N AND STORAGE O E ENTRANCES ANI | | STORAGE IN | N |
| | | | | | |
| | | | | | |
| I hereby certify and s | - | 1 0 0 | | | |
| | | f the same type for the | • | | |
| | • | h all laws of the Com | ě | to taxes; and | |
| 3. the premis | ses are now open to | r business (If not expl | ani below) | | |
| CICNED DV. | | | | | |
| SIGNED BY: | Individual, Partne | er or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYE | R IDENTIFICAT | ΠΟΝ NUMBER: |
| | 122211101 | AL IVONIBER. | (Note: NOT In | dividual Social S | Security Number) |
| We the undersigned | I attact that we ar | e in possession (1) th | o cortificato rocui | rad by Chant | or 301 of the |
| | | re in possession (1) the inspector and the head | | | |
| license and (2) the o | ertificate of liquor | r liability insurance r | equired by Chapte | er 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCAL LICEN | SING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | .in) | | | | |
| | | | | | |
| DATE: | | | | | |
| • | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | ER: 102200109 | | CITY OR TOWN REVE | RE |
|----------------------------------|------------------|--------------------------------------------------------------------------------------------|----------------------------|-----------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICENSED FO | R 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME | E: DAVID LIG | HTBODY | | |
| DOING BUSINES | S A The Boule | vard Bar & Grille | | |
| ADDRESS 320 RE | EVERE BEACH | BLVD | | |
| CITY/TOWN: RE | EVERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: LIC DA | GHTBODY, VID | TYPE OF LICENSE: Rest | aurant CATEGO | RY: All Alcohol |
| EMAIL ADDRESS | S: | | | |
| | PLEASE ALSO VISI | Γ OUR WEBSITE AND ENTER YOUR EM. | AIL ADDRESS | |
| DESCRIPTION OF | | | | |
| ONE LEVEL BUIIoutdoor seatin | | ONE BAR, KITCHEN, TWO | REST ROOMS AND OPI | EN SEATING |
| 3. the pren SIGNED BY: | | een for business (If not explain per | | |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTIF | |
| Acts of 2004, sign | ed by the build | we are in possession (1) the ing inspector and the head iquor liability insurance re | of the fire department for | the above named |
| Please Check Below: | | | LOCAL LICENSING AU | JTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: (If disapproved exp | lain) | | | |
| (п аварргочеа ехр | /iuiii <i>j</i> | | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU | MBER: 102200110 | | CITY OR TOWN | REVERE |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------|--------------------------------------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NA | AME: NORTHGATE PET | ROLEUM, LLC | | |
| DOING BUSI | NESS A NORTHGATE MO | OBIL | | |
| ADDRESS 35 | 0 SQUIRE ROAD | | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: | PRIZIO, JOSEPH C. TYPI R. | E OF LICENSE:Pac | kage Store CA | ATEGORY: All Alcohol |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT OUR WEI | BSITE AND ENTER YOUR EN | IAIL ADDRESS | |
| DESCRIPTIO | N OF LICENSED PREMIS | ES: | | |
| 2. the | renewed license will be of the licensee has complied with a premises are now open for be Individual, Partner of | all laws of the Comm business (If not expla | nonwealth relating to | |
| | marviduai, i artiici (| n Addiorized Corpe | rate Officer | |
| | | | | |
| DATE: | TELEPHONE | E NUMBER: | | IDENTIFICATION NUMBER: ividual Social Security Number) |
| Please Check Belo | ow: | | LOCAL LICENS | ING AUTHORITY |
| APPROVED: | ZD | | By: | |
| DISAPPROVI (If disapproved | | | | |
| . 11 | • / | | | |
| | | | | |
| DATE: | | | | |
| APPLICATION FOR | R RENEWAL MUST BE FILED BY LIC | CENSEES DURING THE M | ONTH OF NOVEMBER (M | .G.L. Ch. 138 \$ 16A) |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | C : 102200111 | | CITY OR TOWN REVERE | |
|----------------------------------|-------------------------|---------------------------|-------------------------------------------------------------------------------------------------|--------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICENSED FOR 2 | 013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: DOING BUSINESS | A La Fonda Paisa | Mejia | | |
| ADDRESS 46 Rever | re St | | | |
| CITY/TOWN: REV | /ERE | STATE: MA | ZIP CODE: 02151 | |
| MANAGER: Mejir Lope | | PE OF LICENSE: Rest | aurant CATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EM | AIL ADDRESS | _ |
| DESCRIPTION OF | LICENSED PREMI | SES: | | |
| one entrance and one | e exit. One exit from | kitchen all on first floo | or | |
| I hereby certify and s | • | | | |
| | | • • | same premises now licensed; | |
| | - | | onwealth relating to taxes; and | |
| 3. the premi | ses are now open for | business (If not explain | in below) | |
| SIGNED BY: | Individual, Partner | or Authorized Corpor | rate Officer | |
| DATE: | TELEPHON | IE NUMBER: | EMPLOYER IDENTIFICATION (Note: NOT Individual Social S | |
| Acts of 2004, signed | d by the building in | spector and the head | certificate required by Chapt of the fire department for the quired by Chapter 116 of the | above named |
| Please Check Below: | | | LOCAL LICENSING AUTH | ORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | | |
| (If disapproved expla | ain) | | | |
| | | | | |
| DATE: | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: | 102200112 | | CITY OR TOWN REV | EKE |
|--------------------------------------------------------------------|-----------------|--------------------------------------------------|-----------------------|-----------------------------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICENSED I | FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: DOING BUSINESS A ADDRESS 190A REV | VERE BEACH F | PARKWAY | ZIR CODE. 021 | 51 |
| CITY/TOWN: REVI | | STATE: MA | ZIP CODE: 021 | |
| MANAGER: DIMINEMAIL ADDRESS: | | ΓΥΡΕ OF LICENSE: Pa | | ORY: All Alcohol |
| DESCRIPTION OF L | ICENSED PRE | MISES: | | |
| 1ST FLOOR FOR STO I hereby certify and sw | | DISPLAY-1 ENTRANC | CE-ONE EXIT | |
| | es are now open | with all laws of the Comfor business (If not exp | | s; and |
| | | | | |
| DATE: | TELEPHO | ONE NUMBER: | | TIFICATION NUMBER: Social Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain |] n) | | LOCAL LICENSING A By: | AUTHORITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| NURTH M. EMAIL ADDRESS: PLASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE ENTRANCES EXITS AND ONE RETURN SITTING AREA AND BACKROOM10 TABLES- THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: UIGH disapproved explain) | LICENSE NUMBE | K: 102200115 | | CHYOL | RIOWN REVERE | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------|----------------------|-----------------|-----------------------------|------------------|
| LICENSEE NAME: CAFETERIA LAS DELICIAS COLUMBIANAS INC. DOING BUSINESS A ADDRESS 86 SHIRLEY AVENUE CITY/TOWN: REVERE STATE: MA ZIP CODE: 02151 MANAGER: CORDERO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol NURTH M. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEISSTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE ENTRANCES EXITS AND ONE RETURN SITTING AREA AND BACKROOM10 TABLES-THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DATE: DATE: LOCAL LICENSING AUTHORITY By: DATE: | APPLICATION FO | OR RENEWAL: | Annual | | LICENSED FOR 2 | 013 |
| DOING BUSINESS A ADDRESS 86 SHIRLEY AVENUE CITY/TOWN: REVERE STATE: MA ZIP CODE: 02151 MANAGER: CORDERO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol NURTH M. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEISTIE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE ENTRANCES EXITS AND ONE RETURN SITTING AREA AND BACKROOM10 TABLES-THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: LICAL LICENSING AUTHORITY | | | CLASS | | | YEAR |
| ADDRESS 86 SHIRLEY AVENUE CITY/TOWN: REVERE STATE: MA ZIP CODE: 02151 MANAGER: CORDERO, TYPE OF LICENSE:Restaurant CATEGORY: All Alcohol NURTH M. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE ENTRANCES EXITS AND ONE RETURN SITTING AREA AND BACKROOM10 TABLES- THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED: GIf disapproved explain) | LICENSEE NAME | E: CAFETERIA LAS | S DELICIAS COI | LUMBIANAS | INC. | |
| CITY/TOWN: REVERE STATE: MA ZIP CODE: 02151 MANAGER: CORDERO, TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol NURTH M. EMAIL ADDRESS: HLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE ENTRANCES EXITS AND ONE RETURN SITTING AREA AND BACKROOM10 TABLES- THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: III disapproved explain) | DOING BUSINESS | S A | | | | |
| MANAGER: CORDERO, NURTH M. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSTIF AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: THREE ENTRANCES EXITS AND ONE RETURN SITTING AREA AND BACKROOM10 TABLES- THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: II disapproved explain) | ADDRESS 86 SHI | RLEY AVENUE | | | | |
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| TABLES- THREE RESTROOMS I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY: Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: By: LOCAL LICENSING AUTHORITY By: DATE: | DESCRIPTION OF | F LICENSED PREMI | ISES: | | | |
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| We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: By: DISAPPROVED: (If disapproved explain) | | | | | | |
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| We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: | DATE: | TELEPHO | NE NUMBER: | | EMPLOYER IDENTIFICA | TION NUMBER: |
| Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: | | | | (Not | te: NOT Individual Social S | Security Number) |
| APPROVED: By: DISAPPROVED: U (If disapproved explain) DATE: | Acts of 2004, sign | ed by the building in | spector and the | head of the fi | re department for the | above named |
| DISAPPROVED: | | | | LOCA | L LICENSING AUTH | ORITY |
| (If disapproved explain) DATE: | | | | By: | | |
| DATE: | | | | | | |
| | (If disapproved exp | laın) | | | | |
| | | | | | | |
| APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 164) | DATE: | | | | | |
| | APPLICATION FOR RENI | EWAL MUST BE FILED BY | LICENSEES DURING T | HE MONTH OF NO | | 6A) |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 102. | 200116 | CITY OR TOWN | N KEVEKE |
|----------------------------|-----------------------------------------------------------------|--------------------------|-----------------------------------------------------------|
| APPLICATION FOR REN | NEWAL: Annu | al LICE | NSED FOR 2013 |
| | CLAS | SS | YEAR |
| LICENSEE NAME: GIU | SEPPE MAZZINI LODGE I | NC. | |
| DOING BUSINESS A SC | ONS OF ITALY | | |
| ADDRESS 8 REVERE ST | REET | | |
| CITY/TOWN: REVERE | STATE: | MA ZIP CODE: | 02151 |
| MANAGER: FIORE, GI | OVANNATYPE OF LICENS | SE:Club | CATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | |
| PLEASE | ALSO VISIT OUR WEBSITE AND ENTER | YOUR EMAIL ADDRESS | |
| DESCRIPTION OF LICEN | NSED PREMISES: | | |
| 40X80ONE ROOM WI | ITH A SMALL OFFICE ANI |) RESTROOMS | |
| I hereby certify and swear | under penalties of perjury tha | t: | |
| 1. the renewed lice | ense will be of the same type | for the same premises no | w licensed; |
| 2. the licensee has | complied with all laws of the | Commonwealth relating | to taxes; and |
| 3. the premises are | e now open for business (If no | ot explain below) | |
| | | | |
| SIGNED BY: | | | |
| | ividual, Partner or Authorized | Corporate Officer | |
| | | | |
| | | | |
| DATE: | TELEDIJONE NUMBED. | EMPLOY | ER IDENTIFICATION NUMBER: |
| | TELEPHONE NUMBER: | | Individual Social Security Number) |
| | | | • |
| | est that we are in possession | | |
| | he building inspector and the cate of liquor liability insur | | rtment for the above named ter 116 of the Acts of 2010 |
| | care of inquot massing insur | | |
| Please Check Below: | | | NSING AUTHORITY |
| APPROVED: DISAPPROVED: | | By: | |
| (If disapproved explain) | | | |
| (11 disappio ved expiaili) | | | |
| | | | |
| DATE: | | - | |
| • | | | |



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | :: 102200117 | | CITY OR TOW | N KEVEKE | |
|------------------------|-------------------|-----------------------------------------|--------------------|---------------------|------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICI | ENSED FOR 20 | 013 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | NEW DEAL | SOCIAL CLUB INC. | | | |
| DOING BUSINESS | A NEW DEA | L SOCIAL CLUB | | | |
| ADDRESS 60 SHIR | LEY AVENUI | E | | | |
| CITY/TOWN: REV | 'ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: LAK | E, JOSEPH | TYPE OF LICENSE: Ch | ıb | CATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| · | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR E | MAIL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PI | REMISES: | | | |
| | | E 35X 70 ROOMONE S RAGE ROOM DOWNST. | | R- BAR AREA | ТО |
| I hereby certify and s | wear under per | nalties of perjury that: | | | |
| 1. the renew | ed license will | be of the same type for the | same premises n | ow licensed; | |
| 2. the license | ee has complie | d with all laws of the Com | nonwealth relatin | g to taxes; and | |
| 3. the premis | ses are now op | en for business (If not expl | ain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, P | Partner or Authorized Corpo | orate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEI | PHONE NUMBER: | | YER IDENTIFICAT | |
| | | | (Note: NOT | Individual Social S | Security Number) |
| We the undersigned | d, attest that v | ve are in possession (1) th | e certificate requ | aired by Chapt | ter 304 of the |
| Acts of 2004, signed | d by the buildi | ing inspector and the head | d of the fire depa | artment for the | above named |
| license and (2) the c | ertificate of li | iquor liability insurance r | required by Chap | pter 116 of the | Acts of 2010. |
| Please Check Below: | | | LOCAL LICE | NSING AUTH | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | ıın) | | | | |
| | | | | | |
| DATE: | | | | | |
| DITTE. | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBEI | R: 102200118 | C | ITY OR TOWN | REVERE | |
|----------------------|----------------------------------------------------------------------------------|------------------------|-----------------------------------|---------------|-------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 | 13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | PATRIOT CIVIC CL | UB INC. | | | |
| DOING BUSINESS | A PATRIOT CIVIC C | LUB INC. | | | |
| ADDRESS 93 PATI | RIOT PARKWAY | | | | |
| CITY/TOWN: REV | VERE | STATE: MA | ZIP CODE: | 02151 | |
| | RLAZZI, TYPE IANI D. | OF LICENSE:Club | Ca | ATEGORY: | All Alcohol |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR WEBS | TE AND ENTER YOUR EMAI | L ADDRESS | | |
| DESCRIPTION OF | LICENSED PREMISES | S: | | | |
| | LDINGONE MAIN E T ON PATRIOT PARK | | NE SIDE ENTRA | NCE AND A | ιN |
| I hereby certify and | swear under penalties of | perjury that: | | | |
| 1. the renew | ved license will be of the | same type for the sa | me premises now | licensed; | |
| 2. the licens | see has complied with all | laws of the Commo | nwealth relating to | o taxes; and | |
| 3. the premi | ises are now open for bu | siness (If not explain | below) | | |
| SIGNED BY: | Individual, Partner or | Authorized Corpora | te Officer | | |
| | | | | | |
| DATE: | TELEPHONE 1 | NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | R IDENTIFICAT | |
| Acts of 2004, signe | d, attest that we are in d by the building inspe certificate of liquor lia | ctor and the head o | f the fire departı | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expl | ain) | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUI | MBEK: 102200119 | | CITY OR TOWN REVE | EKE |
|-----------------------------------------------------------------|----------------------|--------------------------------|---------------------------------------------------|------------------------------------------|
| APPLICATIO | N FOR RENEWAL: | Annual | LICENSED FO | OR 2013 |
| | | CLASS | | YEAR |
| | AME: FOODMAST | TER SUPER MARKETS OT-REVERE | INC. | |
| ADDRESS 65 | 1 SQUIRE ROAD | | | |
| CITY/TOWN: | REVERE | STATE: MA | ZIP CODE: 0215 | 1 |
| MANAGER: | De SIMONS, EDWARD | TYPE OF LICENSE:Pa | ackage Store CATEGO | ORY: Wine and Malt Regular |
| EMAIL ADDR | RESS: | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | <u></u> |
| DESCRIPTIO | N OF LICENSED PI | REMISES: | | |
| ONE STORE. | EXITS & ENTRA | NCES W/ FRONT & REA | ΛR | |
| | premises are now op | en for business (If not exp | | and |
| | | | | |
| DATE: | TELE | PHONE NUMBER: | EMPLOYER IDENTI (Note: <u>NOT</u> Individual S | IFICATION NUMBER: ocial Security Number) |
| Please Check Belo APPROVED: DISAPPROVE (If disapproved | ED: | | LOCAL LICENSING AND By: | UTHORITY |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200120 | (| CITY OR TOWN | REVERE | |
|----------------------|--------------------------|--------------------------------------------------------------------------|--------------------|-------------------|-----------------|
| APPLICATION FO | R RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : REVERE BUSINE | SSMEN'S ASSOC. IN | C. | | |
| DOING BUSINESS | SA | | | | |
| ADDRESS 163 SQ | UIRE ROAD | | | | |
| CITY/TOWN: RE | VERE | STATE: MA | ZIP CODE: | 02151 | |
| | LLIRO, TYF SARIO | PE OF LICENSE: Club | C | ATEGORY: | All Alcohol |
| EMAIL ADDRESS | : | | | | |
| | PLEASE ALSO VISIT OUR WI | EBSITE AND ENTER YOUR EMA | IL ADDRESS | | _ |
| DESCRIPTION OF | LICENSED PREMIS | SES: | | | |
| I hereby certify and | swear under penalties | of perjury that: | | | |
| | | the same type for the same | = | | |
| | = | all laws of the Commo | _ | o taxes; and | |
| 3. the prem | ises are now open for | business (If not explain | n below) | | |
| SIGNED BY: | Individual, Partner | or Authorized Corpora | ate Officer | | |
| | | | | | |
| DATE: | TELEPHON | E NUMBER: | | | TON NUMBER: |
| | | | (Note: NOT Ind | lividual Social S | ecurity Number) |
| Acts of 2004, signe | ed by the building ins | in possession (1) the spector and the head liability insurance red | of the fire depart | ment for the | above named |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expl | iaiii) | | | | |
| | | | - | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200121 | | CITY OR TOWN | REVERE | |
|------------------------|-----------------------|-----------------------|--------------------------|-------------------|--------------------------|
| APPLICATION FOR | RENEWAL: | Annual | LICEN | SED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: | KING TACOS II | LLC | | | |
| DOING BUSINESS | A | | | | |
| ADDRESS 107 SHII | RLEY AVE. | | | | |
| CITY/TOWN: REV | 'ERE | STATE: N | ZIP CODE: | 02151 | |
| MANAGER: SAN | TOS,RAUL T | YPE OF LICENSE | :Restaurant C. | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT OUR | WEBSITE AND ENTER YO | UR EMAIL ADDRESS | | |
| DESCRIPTION OF | | | | | |
| | | | NE REAR EMERGENO | CY EXIT. | |
| I hereby certify and s | • | | | | |
| | | * * | the same premises now | | |
| | = | | ommonwealth relating t | o taxes; and | |
| 3. the premis | ses are now open for | or business (If not e | explain below) | | |
| | | | | | |
| SIGNED BY: | | | | | |
| | Individual, Partn | er or Authorized C | orporate Officer | | |
| | | | | | |
| | | | | | |
| DATE: | TELEPHO | NE NUMBER: | EMPLOYEI | R IDENTIFICAT | TON NUMBER: |
| | | | (Note: NOT Inc | lividual Social S | ecurity Number) |
| We the undersigned | d. attest that we a | re in possession (1 |) the certificate requir | ed by Chanto | er 304 of the |
| Acts of 2004, signed | d by the building i | nspector and the | head of the fire depart | ment for the | above named |
| license and (2) the o | certificate of liquo | r liability insuran | ce required by Chapte | r 116 of the . | Acts of 2010. |
| Please Check Below: | | | LOCAL LICENS | SING AUTHO | ORITY |
| APPROVED: | | | By: | | |
| DISAPPROVED: | | | | | |
| (If disapproved expla | uin) | | - | | - |
| | | | | | |
| DATE. | | | - | | |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | : 102200122 | | CITY OR TOWN | N REVERE | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|----------------|--------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICE | NSED FOR 20 |)13 |
| | | CLASS | | | YEAR |
| LICENSEE NAME: DOING BUSINESS ADDRESS 339 | YUTAKA INC. A YUTAKA FINE ASI | AN CUISINE | | | |
| CITY/TOWN: REV | ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: LIN, GUA | PETER TYPE ONGJIU | OF LICENSE: Rest | taurant (| CATEGORY: | Wine and Malt Regular |
| $EMAILADDRESS{:}\Big[$ | | | | | |
| | PLEASE ALSO VISIT OUR WEBSI | | AIL ADDRESS | | |
| | LICENSED PREMISES KITCHEN DINING RO | | ROOMS ONE EN | ITRANCE AN | D ONE |
| 2. the license | ed license will be of the ee has complied with all ses are now open for bus Individual, Partner or | laws of the Comminess (If not expla | onwealth relating | | |
| | marvidual, I armer or | Authorized Corpor | rate Officer | | |
| DATE: | TELEPHONE N | IUMBER: | | ER IDENTIFICAT | |
| Acts of 2004, signed | l, attest that we are in l by the building inspec certificate of liquor liab | tor and the head | of the fire depar | tment for the | above named |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla | in) | | LOCAL LICEN By: | ISING AUTHO | ORITY |
| DATE: | | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBE | R: 102200123 | | CITYOR | KIOWN | REVERE | |
|-------------------------------|-------------------------------------------------------------------------------------|------------------------|--------------|------------|---------------------|--------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | | LICEN | SED FOR 20 | 013 |
| | | CLASS | | | | YEAR |
| LICENSEE NAME | : BAGEL BIN INC. | | | | | |
| DOING BUSINESS | S A | | | | | |
| ADDRESS 207 SH | HIRLEY AVENUE | | | | | |
| CITY/TOWN: RE | VERE | STATE: MA | ZIP (| CODE: | 02151 | |
| | LADES, ARTAN TYPE EORGE" | OF LICENSE: Res | staurant | C | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | : | | | | | |
| | PLEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR EM | MAIL ADDRES | S | | |
| DESCRIPTION OF | F LICENSED PREMISE | ES: | | | | |
| 6800 SQ FT OF RE ENTRANCES | ESTAURANT SPACE V | VITH KITCHEN A | ND STOF | RAGE AR | EAS2 | |
| I hereby certify and | swear under penalties o | of perjury that: | | | | |
| 1. the renev | wed license will be of th | e same type for the | same prer | nises now | licensed; | |
| 2. the licen | see has complied with a | ll laws of the Comp | nonwealth | relating t | o taxes; and | |
| 3. the prem | nises are now open for be | usiness (If not expla | ain below) | | | |
| | | | | | | |
| SIGNED BY: | | | | | | |
| | Individual, Partner o | r Authorized Corpo | rate Offic | er | | |
| | | | | | | |
| | | | | | | |
| DATE: | TELEPHONE | NUMBER: |] | EMPLOYE | R IDENTIFICAT | ΓΙΟΝ NUMBER: |
| | | | (Not | e: NOT Ind | lividual Social S | Security Number) |
| Acts of 2004, signe | ed, attest that we are in ed by the building insp e certificate of liquor lia | ector and the head | l of the fir | e depart | ment for the | above named |
| Please Check Below: | _ | | LOCAI | LICENS | SING AUTH | ORITY |
| APPROVED: | | | By: | | | |
| DISAPPROVED: | 1.') | | | | | |
| (If disapproved exp | iain) | | | | | |
| | | | - | | | |
| DATE: | | | | | | |
| APPLICATION FOR RENE | EWAL MUST BE FILED BY LIC | ENSEES DURING THE M | ONTH OF NO | VEMBER (M | I.G.L. Ch. 138 \$ 1 | 6A) |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200125 | | CITY OR TOWN | REVERE | |
|-------------------------------|-------------------|-------------------------------|---------------------|-------------------------------|----|
| APPLICATION FOI | R RENEWAL: | Annual | LICENSED FOR 2013 | | |
| | | CLASS | | YEAR | |
| LICENSEE NAME: | AMBE CORE |) . | | | |
| DOING BUSINESS | A BROADWA | Y CONVENIENT MAR | XT . | | |
| ADDRESS 632 BRO | DADWAY | | | | |
| CITY/TOWN: REV | /ERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: PAT | EL, NUBHAI B. | TYPE OF LICENSE:Pa | ackage Store Ca | ATEGORY: Wine and Malt Regula | .r |
| EMAIL ADDRESS: | | | | | |
| | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR | EMAIL ADDRESS | | |
| DESCRIPTION OF | LICENSED PR | EMISES: | | | |
| ONE STORY CONVENTRANCE/EXIT, | | RE WITH STOCKROO! FOR EXIT | M IN REAR, ONE F | RONT DOOR FOR | |
| 3. the premi | | en for business (If not exp | | | |
| | marviauui, i c | artier of Fluthoffzed Corp | Solute Officer | | |
| | | | | | |
| DATE: | TELEP | HONE NUMBER: | | R IDENTIFICATION NUMBER: | |
| Please Check Below: APPROVED: | | | LOCAL LICENS By: | SING AUTHORITY | |
| DISAPPROVED: | | | Dy. | | |
| (If disapproved expla | ain) | | | | |
| | | | | | |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBE | CR: 102200126 | | CITY OR TOWN | REVERE | |
|----------------------------------------------------------------|--------------------|--------------------------|-----------------------------------|------------|--------------------------------|
| APPLICATION FO | OR RENEWAL: | Annual | LICEN |)13 | |
| | | CLASS | | | YEAR |
| LICENSEE NAME | : PREZIOSO EN | TERPRISES INC. | | | |
| DOING BUSINESS | S A VINNY'S FOO | OD MARKET | | | |
| ADDRESS 296 MA | ALDEN STREET | | | | |
| CITY/TOWN: RE | VERE | STATE: MA | ZIP CODE: | 02151 | |
| | EZIOSO, GELO | ΓΥΡΕ OF LICENSE: | Package Store CA | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS | : | | | | |
| | | R WEBSITE AND ENTER YOUR | E EMAIL ADDRESS | | |
| DESCRIPTION OF | F LICENSED PRE | MISES: | | | |
| GENERAL FOOD SIDE OF BUILDIN | | FL. W/1 FRONT ENT | RANCE AND 1 EME | RGENCY EX | KIT ON |
| | nises are now open | for business (If not ex | | taxes; and | |
| | Individual, Part | mer or Authorized Con | porate Officer | | |
| DATE: | TELEPH | ONE NUMBER: | EMPLOYER (Note: <u>NOT</u> Ind | | TON NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp |] | | LOCAL LICENS By: | ING AUTHO | ORITY |
| DATE: | | | | | |



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OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 10220012 | 27 | CITY OR TOWN | REVERE | |
|----------------------------------|------------------------------------|------------------------|-------------------|--------------------------|
| APPLICATION FOR RENEWA | AL: Annual | LICENSED FOR 2013 | | |
| | CLASS | | | YEAR |
| LICENSEE NAME: VIPUL P. | ATEL | | | |
| DOING BUSINESS A 7-ELEV | EN | | | |
| ADDRESS 1120 NORTH SHO | RE ROAD | | | |
| CITY/TOWN: REVERE | STATE: MA | ZIP CODE: | 02151 | |
| MANAGER: PATEL, VIPUL | TYPE OF LICENSE:Pa | ackage Store Ca | ATEGORY: | Wine and Malt Regular |
| EMAIL ADDRESS: | | | |] |
| PLEASE ALSO V | VISIT OUR WEBSITE AND ENTER YOUR I | EMAIL ADDRESS | | _ |
| DESCRIPTION OF LICENSED | PREMISES: | | | |
| ONE FRONT ENTRANCE AN | D ONE EMERGENCY EXI | T | | |
| I hereby certify and swear under | penalties of perjury that: | | | |
| 1. the renewed license v | will be of the same type for the | e same premises now | licensed; | |
| 2. the licensee has comp | plied with all laws of the Com | nmonwealth relating to | o taxes; and | |
| 3. the premises are now | open for business (If not exp | lain below) | | |
| | | | | |
| SIGNED BY: | | | | |
| Individua | al, Partner or Authorized Corp | oorate Officer | | |
| | | | | |
| | | | | |
| DATE: TE | LEPHONE NUMBER: | EMPLOYER | R IDENTIFICAT | TON NUMBER: |
| | | (Note: NOT Inc | lividual Social S | ecurity Number) |
| | | | | |
| Please Check Below: | | YORKY YARRYO | | |
| APPROVED: | | LOCAL LICENS | SING AUTHO | JRII Y |
| DISAPPROVED: | | By: | | |
| (If disapproved explain) | | | | |
| • • • | | | | |
| | | | | |
| DATE: | | | | |



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ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER | R: 102200128 | | CITY OR TOWN | REVERE |
|-------------------------------|-------------------------|-------------------------|------------------------|-----------------------------------------------------------|
| APPLICATION FOR | R RENEWAL: | Annual | LICEN | SED FOR 2013 |
| | | CLASS | | YEAR |
| LICENSEE NAME: | BMB RESTAURA | ANT CORP. | | |
| DOING BUSINESS | A | | | |
| ADDRESS 543 NOI | RTH SHORE ROAL |) | | |
| CITY/TOWN: REV | /ERE | STATE: MA | ZIP CODE: | 02151 |
| MANAGER: | TY | PE OF LICENSE: R | estaurant CA | ATEGORY: All Alcohol |
| EMAIL ADDRESS: | | | | |
| | PLEASE ALSO VISIT OUR W | VEBSITE AND ENTER YOUR | EMAIL ADDRESS | |
| DESCRIPTION OF | LICENSED PREMI | ISES: | | |
| ONE STORY CEMISEATING CAPACIT | | E ENTRANCES AN | D TWO EXITS; TO | TAL SQ.FT. 8,800; |
| I hereby certify and s | swear under penaltie | s of perjury that: | | |
| 1. the renew | ed license will be of | f the same type for the | ne same premises now | licensed; |
| 2. the licens | ee has complied with | h all laws of the Con | nmonwealth relating to | o taxes; and |
| 3. the premi | ses are now open for | r business (If not exp | olain below) | |
| | | | | |
| SIGNED BY: | | A .1 . 1.0 | OSS | |
| | Individual, Partne | er or Authorized Cor | porate Officer | |
| | | | | |
| DATE: | | | EMPLOYEE | D IDENTIFICATION NUMBER. |
| DATE. | TELEPHON | NE NUMBER: | | R IDENTIFICATION NUMBER: lividual Social Security Number) |
| | | | | • |
| | | | | ed by Chapter 304 of the |
| | | | | ment for the above named r 116 of the Acts of 2010. |
| Please Check Below: | | | LOCAL LICENS | SING AUTHORITY |
| APPROVED: | | | By: | |
| DISAPPROVED: | | | | |
| (If disapproved explain | ain) | | - | |
| | | | | |
| DATE: | | | | |
| | | | | |